FEC FORM 3X

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290300415

Use

Only

REPORT OF RECEIPTS **AND DISBURSEMENTS**

For Other Than An Authorized Committee

.

(Revised 12/2004)

							Office Us	se Uniy		_
1. NAME COMMI	OF TTEE (in full)	TYPE OR I	PRINT ¥	Example: over the	If typing, typ lines.	e 12	2FE4M5	1.	5 A 9	- F \$
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ADDRESS (number and street)	2130 F	RIVER PLAZA I	7 7 7 1		 - 				1
tha	eck if different in previously ported. (ACC)	SACRAM	IENTO	! 	- - . .	L LCA	95833		. -]
·	ENTIFICATION NUM			'		LL STAT	— L———	ZIP CODI	. 	
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C004	25645		_	S THIS EPORT #	X (N)	OR	AMENDED (A)			
4. TYPE OF REPORT (b) Monthly (Choose One) Report Due On			oort X Len	20 (M2)	May 20	0 (M5)	Aug 20 (M8)	(1	Vov 20 M11) Non-Election	-
• •	(a) Quarterly Reports:		Mar	20 (M3) 20 (M4)	Jun 20	. , L	Sep 20 (M9) Oct 20 (M10)		'ear Only) DEC 20 (M12 Non-Election 'ear Only)	<u>2)</u>
· wood	April 15 Quarterly Report (Q1)	21) —		20 (W4)	Jui 20	(IVI7) ;	OCL 20 (M/10)	Limestii Rh.	lan 31 (YE)	_
	July 15 Quarterly Report (0	(c)	12-Day Primary (12P) General (12G) Runoff (12F) PRE-Election					Runoff (12R)	I	
Kon-e B	October 15 Quarterly Report (Q3)	23)	Report for the:	Conv	vention (12C)	•	Special (12S)			
	January 31 Year-End Report (Y		Election	n on	vi / j or c Less est	ķ	Y Y Y	in the State of	inna	
i i	July 31 Mid-Year Report (Non-election Year Only) (MY)	n (d)	30-Day POST-Election	Gene	eral (30G)	.: Name:	Runoff (30R)	S	special (30S	;)
Fr	Termination Report (TER)		Report for the: Election		. M · / O · O	. 8	A	in the State of		
5. Covering	Period 01	01	2009	Y : thr	ough .	01	31 2009	Y Y		_
I certify that	I have examined this	Report ar	nd to the best of m	ny knowledge	and belief it is	s true, corre	ect and complete.			-
Type or Print	Name of Treasurer	David	/Bauer/	<i></i>					<u> </u>	
Signature of	Treasurer	Ha	A BO	lu		Date	02 04	7 Y	7 7 7 Y	12J
NOTE: Subn	nission of false, erron	eous, or inc	complete informatio	n may subjec	the person si	gning this F	Report to the penalt	ies of 2 U.	S.C. §437g.	
O	ffice						FEC	FORM	3X	_